

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000081644

1. Entity Name  
HIGH VALLEY REAL ESTATE INVESTMENT CORP.



Principal Place of Business  
2655 LEJEUNE ROAD SUITE 507  
CORAL GABLES, FL 33134

Mailing Address  
2655 LEJEUNE ROAD SUITE 507  
CORAL GABLES, FL 33134

FILED  
2008 APR 30 PM 1:29  
SECR. OF STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04212008 Chg-P CR2E034 (12/06)

City & State

City & State

4. FEI Number **76-0832328**  
APPLIED FOR

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FILINGS, INC.  
3732 NW 16TH STREET  
FT LAUDERDALE, FL 33311

Name **Juan Vicente Urdaneta**

Street Address (P.O. Box Number is Not Acceptable)  
**2655 Lejeune Road, Suite 507**

City **Coral Gables**

FL

Zip Code **33134**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of, registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PSTD  
ALVAREZ-HURTADO, ESTHER M  
2655 LEJEUNE ROAD SUITE 507  
CORAL GABLES, FL 33134 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VD  
ESCOTET, JUAN CARLOS  
2655 LEJEUNE ROAD SUITE 507  
CORAL GABLES, FL 33134 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**800129437858**  
**05/14/08--01009--014** ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental reports is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other persons empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**ATTEST IN FIDELITY 4/22/08 345 228/319**